This space to be left blank for the Chelsen Number. Army Form B. 268A. TERRITORIAL FORCE. Proceedings on Discharge during the period of Embodiment. (When forwarded for confirmation these proceedings should be accompanied by the documents specified on the 4th page.) Rank Name_ (The name must agree strictly with that on enlistment, unless changed subsequently by authority.) Corps of Territorial Force 12 Battalion, Battery, Company, Depôt, &c. 10th april 1916. Date of discharge_ Place of discharge. Description at the time of Discharge. // months Descriptive marks. inches Height. girth when fully expanded 35 ins. Chest measurerange of expansion__ ment ourse. Complexion. Intended place of 12. menster Ro residence (To be given as fully as practicable) (This description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.) 2. The above-named man is discharged in consequence of lana 392 (XVI longer fit physically for war Service no longer fit physically (The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.) 3. Military Character:-4. Character awarded in accordance with King's Regulations:-He has always shown himself

Certified that the above is an accurate copy of the character given by me in Army Form B. 2067

Forms

#13

Initials of Commanding Officer

OVER.

Andon Fnoland

RESERVATIONS REFERRED TO AT PARA. 8. (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.) Subject to settlement of formy and quistall. el (c) Crown Copyright Images reproduced by courtesy of The National Archives, London, England

T. M. B.(E)

Army Form B. 179.

Medical Report on an Invalid.

Station_ Winikledan Date_ 786. 29- 1816

1. Unit 105 Prov. Batt

2. Regimental No. 2972

3. Rank Ple

4. Name Hall J. M.

5. Age last birthday

Sept. 22 1914

6. Enlisted on Sept. 22 1914

at Kinsufta

7. Former Trade Caw Student

8. Disability.

Apertrophic fingivités

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

In Infancy Hong. Kong

10. Place of origin of disability.

11. Give concisely the essential facts of the Patitus state. That he is the In of history of the disability, noting entries on the Medical History Sheet bearing on the case.

Chenisse Parint: Ite always types from delicate health. June Lan alogs then som Aleed they

readil. Her had treate for last 9 mm - at home moick lean unserspecialist - the at Millbank (2 mm Alexandre Milden troph) for for tweek tat Royal Obstal Hospital Leicester Grass. no improvements has resulted

12. (a) Give your opinion as to the causation of the disability.

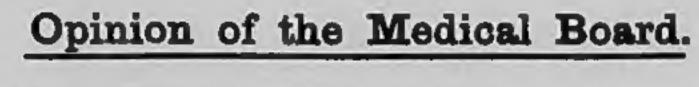
(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

Uncer rein

not due la hetur Service, climate or ordinas vildas vernice bet approvated 3 ordnang meletang dervice-

18. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. Father share is weakness resulting from defection medication.

Patient sugers from constigation of headaches. A James very tender, springs obled very realif. Dyspepsia -Is unable to do his work + cannot mesticate Camp food. 14. If the disability is an injury, was it (a) In action? notappiane. (b) On field service? (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? norapplicate. If so—(a) When? (b) Where? (c) Opinion? Several operations on gum. 16. Was an operation performed? If so, what? 17. If not, was an operation advised and no declined? 18. In case of loss or decay of teeth. In the not applicable. loss of teeth the result of wounds, injury or disease, directly* attributable to active service? 19. Do you recommend discharge as permanent unfit -(a) Discharge as permanently unfit, (b) Change to England? albertehrmann major RAMET Officer in medical charge of dase. I have satisfied myself of the general accuracy of this report, and concur therewith, except † Station. Officer in charge of Hospital. Date_ Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some
other cause. † Delete this word if no exceptions are to be made.



Notes.—(i.) Clear and decisive answers to the following questions are tobe carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

(c) Any of the conditions mentioned in question 20, and if so, which?

22. Is the disability permanent?

28. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at 1. 1. 1. or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

(a) Discharge as permanently unfit,

(b) Change to Eng

Signatures:—

22 MAR, 1916

CAPT. R.A.M.O.T.

hables seared by Service

Members.

Approved.

COLONEL.

Station_

Date_

Administrative Medical Officer.

met archives, London, England

Corps	Unit	ries on this page only require the SERVICES of No. 29 ary training, other special course of Promotions, Reductions, Casualties, &c.	Rank	From	To	Signature of Officers certifying correctness of Entries
Kensing 1 the Res Ba	to Z	In Rest Smoodied ATTACHED	Pte	2.9.14		9.4Bastatet
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*						
•			1			
			1/2			
Total		towards engagement in the Termonder of the days.	ritorial Force to_	10.4.	16. (date o	CHARACTER So o-d
Disc	harge	in consequence of Para	.392 (XVI)K.K.	no los	ger. pr

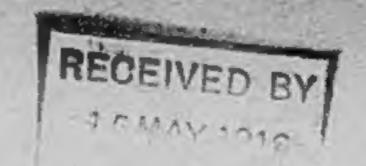
The Entries on this page only require to be made from time to time as they occur. No. 2972 Name Joune Soull MILITARY HISTORY SHEET. 1. Service. Days Place Years From 10. 4. 16. 222. 222. Initials of Officer making the entry 2. Passed classes of Instruction† ... † This includes any authorised class of instruction 1 deforme 2-9. 14 to 10. 4. 16 3. Campaigns (including) medals and decorations ... 4. Wounded 5. Effects of wounds 6.—Special instances of gallant conduct and mentions in public despatches ... 7. Annuities 8. Injuries in or by the Service Father-Stephen Hall. 18 Caine Rd. Hong Kong. 9. Name and address of next of kin ...

Description of Jennes Hall on Enlistment. MEDICAL INSPECTION REPORT. (Applicable to all ranks.) Name: James Hall Apparent age months. Height_ Girth when fully expanded_ inches. *Chest measurement (Range of expansion_ inches. Vision Physical development * Chest measurement will be obtained by adjusting the tape so that its posterior upper edge touches the inferior angles of the shoulder blades, and its anterior lower edge the upper part of the nipples, while the arms hang loosely by the side. Certificate of Medical Examination. I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations. He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; he does not suffer from hernia; and declares that he is not subject to fits of any description. for the Territorial Force. Medical Officer. * Insert here "Et" or "unfit." Nore .- Should the Medical Officer consider the Rectuit unfit, he will fill in the foregoing certifica'e only in the case of those who have been attested and will briefly state below the cause of unfitness. Certificate of Primary Military Examination. I hereby certify that the above-named Recruit was inspected by me, and I consider him * for sin the † 3 Gatta and that due care has been exercised in service in the † his enlistment. Recruiting Officer. * Certificate of Approving Officer. I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him 13 = Bath to the +_ If enlisted by special authority, Army Form B. 203 (or other authority for the enlistment) will be attached to the original attestation. *The signature of the Approving Officer is to be affixed in the presence of the Recruit. †Here insert the "Corps" for which the Recruit has been enlisted.

Army Form. Z.69. Form of receipt to accompany documents and Statement as to Disability (A.F.Z.22) (see para.3024 Demobilizationing pulations) y record Office, Received from Officer 1/c Lecords. the documents of Regtl.No. 2972 Rank Names in Full(surname first) Unit & Corps 13TH LONDON REGT Temporary A. F. B. 103 only forwarded (strike out this portion if not applicable) 1. The Officer i/c Records will complete the above particulars, and will stamp the form with Late the Record Office date stamp with the date on which the documents were despatched. This stamp will take the place of any si mature. of Record Office 2. The Ministry of Pensions will affix the date stamp of that hinistry as a receipt for the documents, and return the form to Officer Le FEB 1022 i/c Records. Ministry of Pensions.

A. 46.

Board,



ROYAL HOSPITAL,

CHELSEA, S.W.

191

SIR,

I am directed by the Lords and others, Commissioners of this Hospital, to inform you of the undermentioned decisions in the cases of Men whose discharge Documents have been recently received with the view of having the claims to pensions considered.

I have the honour to be, SIR,

Your obedient Servant,

To

The Officer Commanding

London R

Regiment. 13d Bn 105 Prov. Bn J. F.

BCau

392 1

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.

Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

	TABLE IGENERAL TABLE.	
Birthplace Parish	County	
Examined	onday of	191
DZUIIIIOU	at	
Declared Age	years	days.
Trade or Occupation		
Height	feet	inches.
Weight	**	lbs.
Chest Girth when fully Expanded		inches.
Measurement Range of Expansion		inch SRECEIVI
Physical Development		2 2 MA
Vaccination Marks Arm Number	Right	Left T.F. RECOMA
When Vaccinated	(R.E.—V=	
Vision	{R.E.—V= L.E.—V=	
(a) Marks indicating con-	((a)	
genital peculiarities or previous disease		
b) Slight defects but not sufficient to cause rejec-	(b)	
tion		
Approved by (Signature)		
(Rank)		
		Medical Officer.
•	Sat Kensinden	
Enlisted	at Kennington on day of	191
•	Corps.	Regtl. No.
Joined on Enlistment	2/13 - Back London Red	2972
Fransferred to •	105th Provisional Boutin	
Became non-effective by		
	onday of	191
	· 工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工	

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

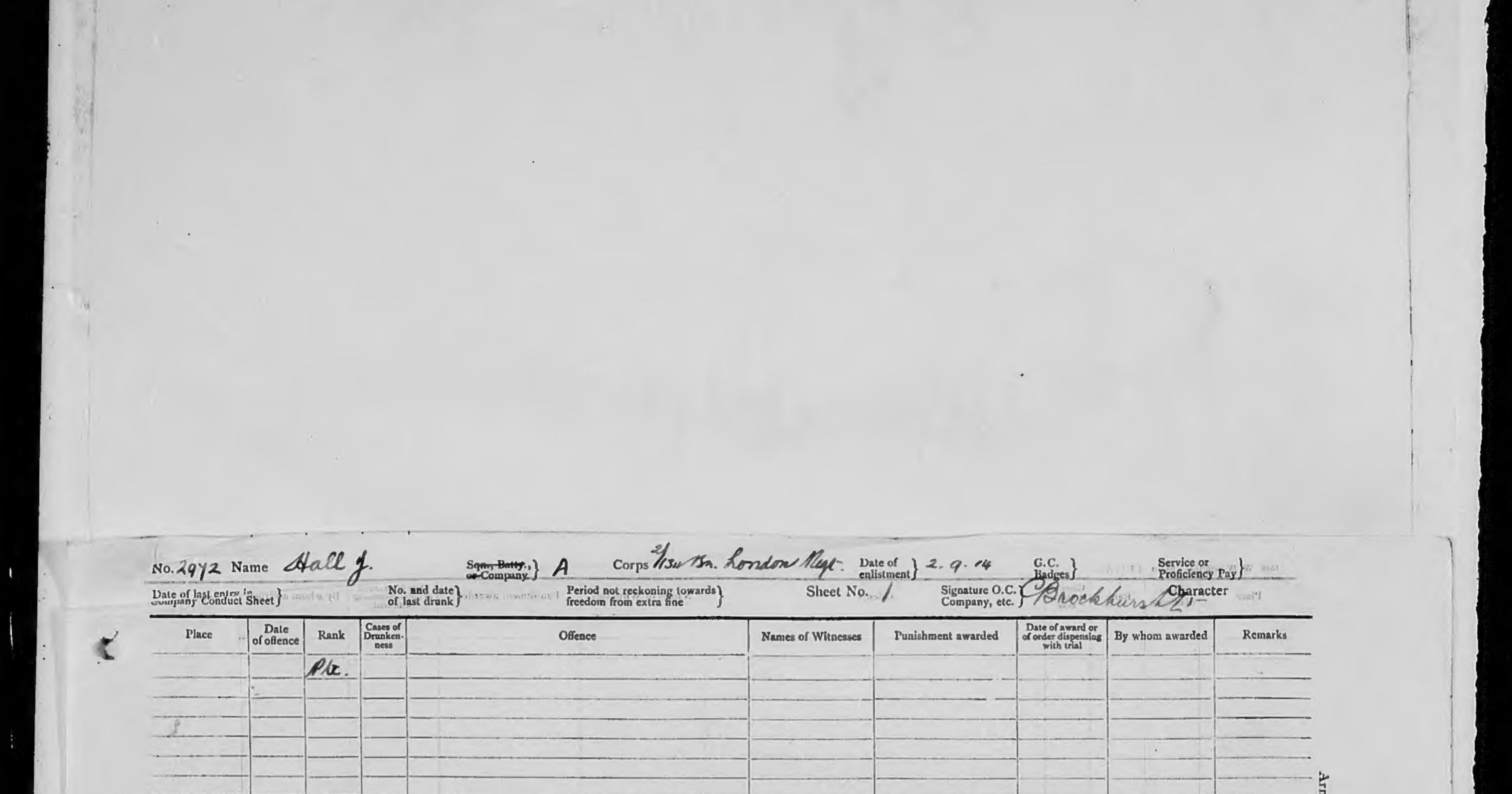
Date	Brief details, and signature			
2/16.	Examines by Travelling Medical Board			
***************************************	(Cd. Beattie Col Lord W. Ceed Major Sin & Collie)			
	at Wimbleson			
****************	Disability Granhea Decision "E"			
	Calarcu			
	Civil Lugar.			
	mø. Ye 100th Provisional			

50************************************				

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or emburkation	Date of departure or disembarkation
		**************************			*
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